

CLAIMS ONLY

Application Number <i>10/1761539</i>	Filing Date
Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6							56					
7							57					
8							58					
9							59					
10							60					
11		/					61					
12	/						62					
13							63					
14			/				64					
15			/				65					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	13	◀		◀		◀	Total Depend	◀		◀	◀	◀
Total Claims	15						Total Claims					